

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 12-10-02

* 01-348

John R. Feore, Jr.

Dow, Lohnes & Albertson, PLLC

1200 New Hampshire, Avenue, N.W.

Suite 800

Washington, DC 20036

2. Article Number (Copy from service label)

0023 0771 2689

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

12-17-02

C. Signature

x Irene Bowden ☐ Agent ☐ AddresseeD. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ NO

3. Service Type

- ☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ YesDOCKET NO. 01-348

CERTIFIED

MAIL

RETURN

RECEIPT

REQUESTED

NAME

John R. Feore, Jr.

Dow, Lohnes & Albertson, PLLC

1200 New Hampshire, Avenue, N.W.

Suite 800

Washington, DC 20036

C. R. R. NO.

BY

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

.37

2.30

1.75

\$ 4.42

Name (Please Print Clearly) (to be completed by mailer)

John R. Feore, Jr.

Street, Apt. No., or PO Box No.

1200 NEW HAMPSHIRE AVENUE, N.W.

City, State, ZIP+4

WASHINGTON, DC 20036

PS Form 3800, July 1999

See Reverse for Instructions

ORDER DATED

12-10-02FCC 02M-111

MIMEOGRAPH NO.

7000 0600 0023 0771 2689